



2013 Arizona ATS Test

Test: 400-00-7513

Form: 140PY

Description: Part Year, H of H, 1 over 65, 1 Blind, in Military, Direct Deposit

Forms used

Form 140PY (resident of AZ, CA, and NC), Schedule A(PY)

Other

AZ Estimated Payment: \$3500

AZ Residency: 3/17/2013-10/10/2013

Taxpayers' Daytime Phone Number: (520) 349-5927

Taxpayers' Home Phone Number: (520) 524-0612

Contributions to the following check-off funds: Total contributions: \$325

Aid to Education: \$10

AZ Wildlife: \$15

Child Abuse Prevention: \$20

Domestic Violence Shelter: \$25

I Didn't Pay Enough: \$30

National Guard Relief: \$35

Neighbors Helping Neighbors: \$40

Special Olympics: \$45

Veterans' Fund: \$50

Political Gift (Amer Elect): \$55

Income Information

	<u>Total</u>	<u>Arizona</u>
Wages from two W-2 Forms	36,000	15,000
Interest (including \$1,000 US Savings Bonds)	1,515	1,515
Dividends	655	655
Schedule C (Net Business Income) (CA)	13,250	
Unemployment Compensation from 1099G (NC)	3,560	
Schedule SE (Self Employment Tax Deduction)	936	
IRA Deduction	1,000	1,000
Federal AGI	53,044	

Deductions and Adjustments

	<u>Total</u>	<u>Arizona</u>
Sch A(PY) Medical and Dental Paid	2,000	2,000
State/Local Taxes	4,642	4,642
Real Estate Taxes	1,150	1,150
Personal Property Taxes	296	296
Home Mortgage Interest Paid	7,000	7,000

Arizona Form 140PY Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR

2013

OR FISCAL YEAR BEGINNING MM/DD/YYYY AND ENDING MM/DD/YYYY **66**

82F ☐ Check box 82F if filing under extension

Your First Name and Middle Initial 1 KAYE P		Last Name DUTY	Enter your SSN(s) Your Social Security No. 400 00 7513 Spouse's Social Security No.
Spouse's First Name and Middle Initial (if box 4 or 6 checked) 1		Last Name	

Current Home Address - number and street, rural route 2 1330 N WINDY DRAW CIRCLE	Apt. No.	Daytime Phone (with area code) 94
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City, Town or Post Office 3 ELOY	State AZ	ZIP Code 85231	Last Names Used in Prior Year(s)
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4 <input type="checkbox"/> Married filing joint return 5 <input checked="" type="checkbox"/> Head of household - Enter name of qualifying child or dependent on next line: 6 <input type="checkbox"/> Married filing separate return. Enter spouse's name and Social Security No. above. 7 <input type="checkbox"/> Single ↓ Enter the number claimed. Do not put a check mark.		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
8 01 Age 65 or over (you and/or spouse) 9 01 Blind (you and/or spouse) 10 01 Dependents. From page 2, line A2 - do not include self or spouse. 11 Qualifying parents and grandparents from page 2, line A5.		81 PM	80 RCVD

12-13 Residency Status (check one): **12** ☐ Part-Year Resident Other than Active Military **13** ☒ Part-Year Resident Active Military

14 Federal adjusted gross income (from your federal return)	14 53,044 00	
15 Arizona income (from page 2, line B19)	15 16,170 00	
16 Additions to income (from page 2, line C24)	16 00	
17 Subtotal: Add lines 15 and 16 and enter the total	17 16,170 00	
18 Subtractions from income (from page 2, line D36)	18 6,900 00	
19 AZ capital gain or (loss): 19A 00. Net long-term capital gain subtraction (from page 2, line E40)	19 00	
20 Arizona adjusted gross income. Subtract lines 18 and 19 from line 17, and enter the difference	20 9,270 00	
21 Deductions: Check box and enter amount. See instructions 21I <input checked="" type="checkbox"/> ITEMIZED 21S <input type="checkbox"/> STANDARD	21 14,108 00	
22 Personal exemptions. See instructions	22 4,200 00	
23 Arizona taxable income: Subtract lines 21 and 22 from line 20. If less than zero, enter zero	23 0 00	
24 Compute the tax using Tax Table X or Y	24 00	
25 Tax from recapture of credits from Arizona Form 301, Part II, line 36	25 00	
26 Subtotal of tax: Add lines 24 and 25	26 00	
27 Family income tax credit from worksheet in the instructions	27 00	
28 Credits from Arizona Form 301, Part II, line 69, or Forms 310, 321, 322 and 323, if Form 301 is not required	28 00	
29 Credit type: Enter form number of each credit claimed 29 3 3 3 3		
30 Balance of tax: Subtract lines 27 and 28 from line 26. If the sum of lines 27 and 28 is more than line 26, enter zero	30 00	
31 Arizona income tax withheld during 2013	31 162 00	
32 Arizona estimated tax payments for 2013	32 3,500 00	
33 2013 Arizona extension payment (Form 204)	33 00	
34 Increased Excise Tax Credit: From worksheet in the instructions	34 00	
35 Other refundable credits: Check the box(es); enter the amount 351 <input type="checkbox"/> 308-I 352 <input type="checkbox"/> 342 353 <input type="checkbox"/> 349 354 <input type="checkbox"/> 350	35 00	
36 Total payments/refundable credits: Add lines 31 through 35	36 3,662 00	
37 TAX DUE: If line 30 is larger than line 36, subtract line 36 from line 30, and enter amount of tax due. Skip lines 38, 39 and 40	37 00	
38 OVERPAYMENT: If line 36 is larger than line 30, subtract line 30 from line 36, and enter amount of overpayment	38 3,662 00	
39 Amount of line 38 to be applied to 2014 estimated tax	39 00	
40 Balance of overpayment: Subtract line 39 from line 38	40 3,662 00	

41 - 50 Voluntary Gifts to:		Solutions Teams Assigned To Schools .. 41 10 00	Arizona Wildlife	42 15 00
Child Abuse Prevention	43 20 00	Domestic Violence Shelter	44 25 00	Political Gift
National Guard Relief Fund	46 35 00	Neighbors Helping Neighbors	47 40 00	Special Olympics
Veterans' Donations Fund	49 50 00	I Didn't Pay Enough Fund	50 30 00	

51 Voluntary Political Gift (check only one): 511 <input checked="" type="checkbox"/> Americans Elect 512 <input type="checkbox"/> Democratic 513 <input type="checkbox"/> Green 514 <input type="checkbox"/> Libertarian 515 <input type="checkbox"/> Republican		52 Estimated payment penalty; MSA penalty, and AZ Long-Term Health Care Savings Account (AZLTHSA) penalty	52 00
531 <input type="checkbox"/> Annualized/Other 532 <input type="checkbox"/> Farmer or Fisherman 533 <input type="checkbox"/> Form 221 attached 534 <input type="checkbox"/> MSA Penalty 535 <input type="checkbox"/> AZLTHSA Penalty		54 Total of lines 41 through 50 and 52	54 325 00
55 REFUND: Subtract line 54 from line 40. If less than zero, enter amount owed on line 56		55 Direct Deposit of Refund: Check box 55A if your deposit will be ultimately placed in a foreign account; see instructions 55A <input type="checkbox"/>	55 3,337 00
ROUTING NUMBER 98 0 2 1 2 3 4 5 6 7		ACCOUNT NUMBER 1 2 3 1 2 3 1 2 3	56 AMOUNT OWED: Add lines 37 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment.... 56 00

ONE STAPLE. NO TAPE.

Place any required federal and AZ schedules or other documents after Form 140PY page 2; staple to upper left corner.

Your Name (as shown on page 1)	KAYE P DUTY	Your Social Security No.	400-00-7513
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PART A: Dependents	A1 List children and other dependents (not yourself or spouse). If more space is needed, attach a separate sheet.																																																														
	<table><tr><td>FIRST AND LAST NAME</td><td>SOCIAL SECURITY NO.</td><td>RELATIONSHIP</td><td>LIVED IN YOUR HOME IN 2013</td></tr><tr><td>TRUDY DUTY</td><td>341-23-2132</td><td>DAUGHTER</td><td>No. of Months: 12</td></tr><tr><td></td><td></td><td></td><td>No. of Months:</td></tr></table>	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	LIVED IN YOUR HOME IN 2013	TRUDY DUTY	341-23-2132	DAUGHTER	No. of Months: 12				No. of Months:																																																		
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			No. of Months:																																																												
A2 Enter total number of persons listed in A1 here and on the front of this form, box 10; also complete Part D below	A2	1																																																													
PART B: Arizona Percent of Total Income	A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:																																																														
	b Enter the dependents listed above who were not claimed on your federal return due to education credits:																																																														
	A4 List qualifying parents and grandparents. See instructions.																																																														
	<table><tr><td>FIRST AND LAST NAME</td><td>SOCIAL SECURITY NO.</td><td>RELATIONSHIP</td><td>LIVED IN YOUR HOME IN 2013</td></tr><tr><td></td><td></td><td></td><td>No. of Months:</td></tr></table>	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	LIVED IN YOUR HOME IN 2013				No. of Months:																																																						
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			No. of Months:																																																												
A5 Enter total number of persons listed in A4 here and on the front of this form, box 11.....	A5																																																														
PART B: Arizona Percent of Total Income	B6 Dates of Arizona residency: From 03/17/2013 to 10/10/2013 List other state(s) of residency: NC CA	<table><tr><th colspan="2">2013 FEDERAL Amount from Federal Return</th><th colspan="2">2013 ARIZONA Amount Only</th></tr><tr><td>B7</td><td>36,000 00</td><td>15,000</td><td>00</td></tr><tr><td>B8</td><td>1,515 00</td><td>1,515</td><td>00</td></tr><tr><td>B9</td><td>655 00</td><td>655</td><td>00</td></tr><tr><td>B10</td><td></td><td></td><td>00</td></tr><tr><td>B11</td><td></td><td></td><td>00</td></tr><tr><td>B12</td><td>13,250 00</td><td></td><td>00</td></tr><tr><td>B13</td><td></td><td></td><td>00</td></tr><tr><td>B14</td><td></td><td></td><td>00</td></tr><tr><td>B15</td><td>3,560 00</td><td></td><td>00</td></tr><tr><td>B16</td><td>54,980 00</td><td>17,170</td><td>00</td></tr><tr><td>B17</td><td>1,936 00</td><td>1,000</td><td>00</td></tr><tr><td>B18</td><td>53,044 00</td><td></td><td></td></tr><tr><td>B19</td><td></td><td>16,170</td><td>00</td></tr><tr><td>B20</td><td></td><td>30.5 %</td><td></td></tr></table>	2013 FEDERAL Amount from Federal Return		2013 ARIZONA Amount Only		B7	36,000 00	15,000	00	B8	1,515 00	1,515	00	B9	655 00	655	00	B10			00	B11			00	B12	13,250 00		00	B13			00	B14			00	B15	3,560 00		00	B16	54,980 00	17,170	00	B17	1,936 00	1,000	00	B18	53,044 00			B19		16,170	00	B20		30.5 %		
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B18	53,044 00																																																														
B19		16,170	00																																																												
B20		30.5 %																																																													
PART C: Additions	C21 Reserved	C21																																																													
	C22 Total depreciation included in Arizona gross income	C22		00																																																											
	C23 Other additions to income: See instructions and attach your own schedule.....	C23		00																																																											
	C24 Total: Add lines C21 through C23. Enter here and on the front of this form on line 16	C24		00																																																											
PART D: Subtractions from Income	D25 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	D25	2,100	00																																																											
	D26 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	D26	1,500	00																																																											
	D27 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	D27	2,300	00																																																											
	D28 Exemption: Qualifying parents and grandparents. Multiply the number in box 11, page 1, by \$10,000	D28		00																																																											
	D29 Total exemptions: Add lines D25 through D28	D29	5,900	00																																																											
	D30 Multiply line D29 by the percentage on line B20, and enter the result.....	D30		5,900 00																																																											
	D31 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column.....	D31		1,000 00																																																											
	D32 Arizona state lottery winnings included on line B15 in the ARIZONA column (up to \$5,000 only).....	D32		00																																																											
	D33 U.S. Social Security or Railroad Retirement Act benefits included in your ARIZONA income.....	D33		00																																																											
	D34 Adjustment for I.R.C. §179 expense not allowed.....	D34		00																																																											
	D35 Other subtractions from income: See instructions and attach your own schedule	D35		00																																																											
	D36 Total: Add lines D30 through D35. Enter here and on the front of this form, line 18.....	D36		6,900 00																																																											
PART E: Cap Gain Subtr	E37 Total net short-term capital gain (or loss) included on line B13, Arizona Column.....	E37		00																																																											
	E38 Total net long-term capital gain (or loss). Enter the amount from your capital gain worksheet, line 12, column (c)...	E38		00																																																											
	E39 Net long-term capital gain from assets acquired after December 31, 2011 (from your capital gain worksheet, line 12, column (e)) ...	E39		00																																																											
	E40 Multiply line E39 by 10% (.10). Enter here and on page 1, line 19.....	E40		00																																																											

PLEASE SIGN HERE	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	YOUR SIGNATURE		DATE	OCCUPATION
	SPOUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPATION
	PAID PREPARER'S SIGNATURE		DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
	235 PALMER ST			
	PAID PREPARER'S STREET ADDRESS			
FRANKLIN		NC	28734-1234	PAID PREPARER'S TIN
				(520) 524-0612
PAID PREPARER'S CITY		STATE	ZIP CODE	PAID PREPARER'S PHONE NO.

Itemized Deductions

For Part-Year Residents

2013

Attach to your return.

Your Name as shown on Form 140PY KAYE P DUTY	Your Social Security Number 400-00 -7513
Spouse's Name as shown on Form 140PY	Spouse's Social Security Number

Medical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity

1 Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	1	2,000	00
2 Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such taxes from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	2	5,108	00
3 Interest expense: See instructions	3	7,000	00
4 Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	4		00

Casualty and Theft Losses

5 Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	5		00
6 Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	6		00
7 Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident	7		00
8 Divide line 7 by line 6, and enter the percentage	8	%	
9 Multiply line 5 by the percentage on line 8	9		00

Job Expenses and Other Miscellaneous Expenses

10 Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation	10		00
11 Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	11		00
12 Divide line 11 by line 10, and enter the percentage	12	%	
13 Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation	13		00
14 Multiply line 13 by the percentage on line 12	14		00
15 Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	15		00
Skip lines 16 through 20 if not deducting gambling losses.			
16 Wagering losses included on line 15	16		00
17 Total gambling winnings included in your Arizona gross income	17		00
18 Arizona lottery subtraction from Form 140PY, page 2, line D32	18		00
19 Maximum allowable gambling loss deduction: Subtract line 18 from line 17	19		00
20 If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero".	20		00
21 If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here	21		00
22 Add lines 14 and 21	22		00

Continued on page 2 →

Your Name (as shown on page 1)	KAYE P DUTY	Your Social Security No.	400-00-7513
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Total Itemized Deductions

23 Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22, and enter the total on line 23.

Complete lines 24 through 28 below if your federal adjusted gross income is:

- more than \$300,000 (married taxpayers filing a joint return or surviving spouse), or
- \$275,000 (head of household), or
- \$250,000 (unmarried individual who is not a surviving spouse or head of household), or
- \$150,000 (married filing a separate return)

Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 21

24 Enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold if your federal adjusted gross income is:

- more than \$300,000 (married taxpayers filing a joint return or surviving spouse), or
- \$275,000 (head of household), or
- \$250,000 (unmarried individual who is not a surviving spouse or head of household)
- \$150,000 (married filing a separate return)

25 Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A, prior to the federal adjusted gross income limitation

26 Divide line 23 by line 25, and enter the percentage.....

27 Multiply line 24 by the percentage on line 26, and enter the result.....

28 Subtract line 27 from line 23. Enter the result here and on Form 140PY, page 1, line 21

23	14,108	00
24		00
25		00
26		%
27		00
28	14,108	00

22222		a Employee's social security number 400-00-7513		OMB No. 1545-0008		
b Employer identification number (EIN) 56-1234567				1 Wages, tips, other compensation 21,000.00		2 Federal income tax withheld 800.00
c Employer's name, address, and ZIP code UNITED STATES ARMY 1905 BOOTSHINE DR ALEXANDRIA VA 16847				3 Social security wages 21,000.00		4 Social security tax withheld 1,302.00
				5 Medicare wages and tips 21,000.00		6 Medicare tax withheld 305.00
				7 Social security tips		8 Allocated tips
d Control number				9		10 Dependent care benefits
e Employee's first name and initial Last name Suff. KAYE P DUTY 1320 WINDY DRAW CIRCLE ELOY AZ 85231				11 Nonqualified plans		12a C o o l l e
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e
				14 Other		12c C o o l l e
						12d C o o l l e
f Employee's address and ZIP code						
15 State NC	Employer's state ID number 56-1234567	16 State wages, tips, etc. 21,000.00	17 State income tax 980.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2013

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 400-00-7513		OMB No. 1545-0008	
b Employer identification number (EIN) 56-1124567			1 Wages, tips, other compensation 15,000.00		2 Federal income tax withheld 950.00
c Employer's name, address, and ZIP code ELOY FAMILY RESTAURANT 106 W ELOY AVE ELOY AZ 85231			3 Social security wages 15,000.00		4 Social security tax withheld 930.00
			5 Medicare wages and tips 15,000.00		6 Medicare tax withheld 218.00
			7 Social security tips		8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff. KAYE P DUTY 1320 WINDY DRAW CIRCLE ELOY AZ 85231			11 Nonqualified plans		12a C o o l l e c t i o n
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e c t i o n
			14 Other		12c C o o l l e c t i o n
					12d C o o l l e c t i o n
f Employee's address and ZIP code					
15 State AZ	Employer's state ID number 56-1124567	16 State wages, tips, etc. 15,000.00	17 State income tax 162.00	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2013

Department of the Treasury—Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, ZIP, or foreign postal code, and telephone no. STATE OF NORTH CAROLINA 1000 RALEIGH RD RALEIGH NC 27634		1 Unemployment compensation \$ 3,560.00		OMB No. 1545-0120 2013 Form 1099-G		Certain Government Payments Copy 1 For State Tax Department
PAYER'S federal identification number 41-1111141		RECIPIENT'S identification number 400-00-7513		3 Box 2 amount is for tax year \$		
RECIPIENT'S name KAYE P DUTY Street address (including apt. no.) 1330 N WINDY DRAW CIRCLE City or town, province or state, country and ZIP or foreign postal code ELOY AZ 85231		5 RTAA payments \$		6 Taxable grants \$		
		7 Agriculture payments \$		8 Check if box 2 is trade or business income <input type="checkbox"/>		
		9 Market gain \$				
Account number (see instructions)		10a State		10b State identification no.		11 State income tax withheld \$
				\$		

Form **1099-G**

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service